Commission, CGHS subscription rates have been revised for all categories of CGHS card holders, including ex-MPs. The increase in subscription is commensurate with increase in salary/pension of Central Government Employees, and pensioners and pension of ex-MPs. There is no proposal to reduce the rates of subscription.

Medical reimbursement of CGHS beneficiaries

3745. SHRI VARINDER SINGH BAJWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that CGHS offices in Delhi while heavily pruning medical reimbursement claims of ordinary beneficiaries do not communicate the extent and reasons for deducting the various items of claims;

(b) if so, the reasons therefor;

(c) whether it is also a fact that CGHS while passing the claims acts arbitrarily by allowing higher percentage of VIPs while making heavy deduction in cases of others; and

(d) whether Government would evolve a uniform policy for all beneficiaries, if so, by when and if not the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) A copy of calculation sheet indicating details of admissible amount, as per CGHS rates and deduction, if any are provided to individual beneficiaries if requested for by the beneficiaries.

(c) and (d) All Medical Reimbursement claims are examined in the background of the existing CGHS Rules and bills are cleared as per the CGHS rates in force.

Over-charging by private empanelled hospitals

3746. SHRI VARINDER SINGH BAJWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that private multi-speciality hospitals in Delhi and NCR which were earlier in C.G.H.S. panel, are indulging in over-charging such as charging for two days room rent and services for only one day hospitalization as also more than one consultation in such cases;

(b) whether Government ensures that such hospitals like Indraprastha Apollo hospital in Delhi, do not indulge in such mal-practices;

(c) if so, how and if not the reasons therefor; and

(d) whether Government would evolve mechanism to curb such practices?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) No such complaint has been received in respect of hospitals empanelled under CGHS. CGHS has no power to regulate charges, etc. of hospitals not empanelled under S.No. 121 it. All private hospitals empanelled under CGHS are required to sign Memorandum of Association with the CGHS at the time of empanelment. One of the conditions of MoA is that the hospital will

charge from CGHS beneficiaries only as per prescribed package rate. Indraprastha Apollo Hospital is not empanelled under CGHS and as such are not bound by MoA.

Health care infrastructure in Assam

3747. SHRI KUMAR DEEPAK DAS: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that the rural health care infrastructure is lagging in Assam;

(b) whether Government is also aware that there are lack of doctors and there are frequent complaint of sub-standard medicines supplied in the Government rural health care centres;

(c) if so, the details thereof;

(d) whether Supreme Court has expressed concern over functioning of such rural health care centres; and

(e) if so, the details thereof and the steps proposed by Government thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per the Bulletin on Rural Health Statistics in India, 2008 (updated to March, 2008), there are a total of 4592 Sub Centres [SC], 844 Primary Health Centres and 103 Community Health Centres [CHC] functioning in Assam. As per the summary of facility survey conducted by the Government of Assam, there is a considerable improvement in key indicators of health infrastructure *i.e.* man power, infrastructure, equipment, drugs, furniture etc. There are 18 surplus Primary Health Centres [PHC] in Assam. However, there is a shortage of 471 SCs and 103 CHCs in Assam.

(b) and (c) There is a shortfall of 47 Specialists at CHCs and 436 Doctors at PHCs in Assam. No such complaint of sub standard medicines supplied by the Government has been received so far by the Government of Assam.

(d) No observation has come to the notice of the Government over the functioning of Rural Health care System in any order of the Hon'ble Supreme Court. There was, however, coverage in the Newspapers regarding remarks of learned judges.

(e) The endeavor of the Government through NRHM is to provide accessible, affordable, and quality health care to rural population, especially to the vulnerable section wherein upgradation/strengthening/establishment of new SCs PHCs and CHC is an ongoing process depending upon the need on the basis of population, case load and distance. The need is projected by the State/UT Governments in their annual Programme Implementation Plan [PIP]. Funds are released to them as per the approval of National Programme Coordination Committee [NPCC].

Infant mortality in Jharkhand

3748. SHRI PARIMAL NATHWANI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: